PA06-2002: GROWTH HORMONE REQUEST

RI MEDICAL ASSISTANCE PROGRAM
PRIOR AUTHORIZATION REQUEST FORM

NOT REQUIRED FOR RECIPIENTS UNDER 21 YEARS OF AGE.

FAX OR MAIL TO:
HERITAGE INFORMATION SYSTEMS
ATTN: RI PRIOR AUTHORIZATION UNIT
PO BOX 25719
RICHMOND VA 23286-8212
FAX # 1-800-390-0109

CLIENT NAME _____ DOB: _____ SEX: M F (CIRCLE ONE)

MEDICAID ID NUMBER: _____

PRESCRIBER NAME: _____ PRESCRIBER DEA #: _____

PRESCRIBER OFFICE ADDRESS: _____

_____

OFFICE PHONE NUMBER ( ) _____- _____

REQUESTER NAME: _____ RN /MD /R.PH / ____

PHONE NUMBER ( ) _____-_____ FAX NUMBER ( )_____-_____

DRUG REQUESTED : _____ STRENGTH_____ QTY / FILL _____

REQUEST TYPE: (CIRCLE ONE) INITIAL / REAUTHORIZATION START DATE: _____

DURATION OF THERAPY: 1 3 6 9 12 MONTHS (CIRCLE ONE) UNITS / RX _____ DOSING FREQUENCY: ____

INDICATE THE RELEVANT DIAGNOSIS WITH APPROPRIATE ICD-9 CODE.

CRITERIA SPECIFICATIONS ARE AVAILABLE BY CALLING **(401) 784-8100** OR AT WEB ADDRESS www.dhs.ri.gov/dhs/heacre/provsvcs/mpharpa.htm

ADULT ONSET - GH DEFICIENCY ICD9 CODE **DUE TO**

OR

CHILDHOOD ONSET ICD9 code

GH DEFICIENT DURING CHILDHOOD AND CONFIRMED GH DEFICIENCY AS AN ADULT PRIOR TO REPLACEMENT THERAPY.

ONE OF THE ABOVE AND THE FOLLOWING MUST BE DOCUMENTED FOR APPROVAL

HAS THE PATIENT HAD ANY OF THE FOLLOWING TESTS: (CIRCLE ONE)

GROWTH HORMONE STILUATION PANEL / INSULIN TOLERANCE PANEL FOR GHD / GLUCAGON TOLERANCE TEST

DID THE RESULTS RETURN A GH<5MG/ML OR GH<9MG/ML (IF ARGININE PLUS GHRH USED IN GH PANEL? YES / NO

Date Test Performed _____ *Results:*

COMMENTS:

PRESCRIBER SIGNATURE _____ **DATE** _____

By Signature, the Prescriber confirms the criteria information above is accurate, verifiable by client records and available for review upon request.

PA # _____ **APPROVED**_____

DENIED _____

PENDING ADDITIONAL INFORMATION_____

DATE /TIME OF RECEIPT _____

DATE/TIME RESPONSE _____

REVIEWER _____

COMMENTS:

RI PRIOR AUTHORIZATION CALL CENTER
FAX NUMBER 1-800-390-0109 *(AVAILABLE 24 HOURS)*
TELEPHONE NUMBER 1-866-420-3874

RI Prior Authorization - Call Center Hours
MONDAY – FRIDAY 9:00 AM – 6:00 PM (EST)
SATURDAYS 9:00 AM – 1:00 PM (EST)